

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2012****Open to Public  
Inspection****A** For the **2012** calendar year, or tax year beginning **JUN 1, 2012** and ending **MAY 31, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">LIPSCOMB UNIVERSITY</div> <div style="border: 1px solid black; padding: 2px;">Doing Business As LIPSCOMB UNIVERSITY</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE UNIVERSITY PARK DRIVE</div> <div style="border: 1px solid black; padding: 2px;">City, town, or post office, state, and ZIP code NASHVILLE, TN 37204-3951</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">62-0485733</div>
	<b>F</b> Name and address of principal officer: DANNY H. TAYLOR <div style="border: 1px solid black; padding: 2px;">ONE UNIVERSITY PARK DR, NASHVILLE, TN 37204</div>	<b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">(615) 966-1000</div>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">179,628,775.</div>
	<b>J</b> Website: ▶ WWW.LIPSCOMB.EDU	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1891 <b>M</b> State of legal domicile: TN

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: LIPSCOMB UNIVERSITY DELIVERS A COMPLETE EDUCATION CHARACTERIZED BY INTEGRATION OF CHRISTIAN FAITH <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	32
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	31
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	2793
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	400
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	10,654,498.	12,792,618.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	120,991,226.	131,152,914.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	403,868.	2,408,093.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	524,066.	717,847.
		132,573,658.	147,071,472.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	19,476,541.	24,284,303.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	57,607,333.	63,840,429.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <div style="border: 1px solid black; padding: 2px;">3,040,850.</div>	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	53,365,047.	48,171,697.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	130,448,921.	136,296,429.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	2,124,737.	10,775,043.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	210,758,202.	223,465,775.
	<b>21</b> Total liabilities (Part X, line 26) .....	112,583,710.	109,131,180.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	98,174,492.	114,334,595.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <div style="border: 1px solid black; padding: 2px;">DANNY H. TAYLOR, SENIOR VP FOR FINANCE &amp; ADMIN.</div>	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">JULIE BARTLETT</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;"></div>
	Firm's name ▶ LATTIMORE BLACK MORGAN & CAIN, P.C. Firm's address ▶ P.O. BOX 1869 BRENTWOOD, TN 37024-1869	Date <div style="border: 1px solid black; padding: 2px;"></div>
	Check <input type="checkbox"/> if self-employed PTIN <div style="border: 1px solid black; padding: 2px;">P00742923</div>	Firm's EIN ▶ 62-1199757 Phone no. (615) 377-4600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

LIPSCOMB UNIVERSITY DELIVERS A COMPLETE EDUCATION CHARACTERIZED BY  
 INTEGRATION OF CHRISTIAN FAITH AND PRACTICE WITH ACADEMIC EXCELLENCE.  
 THIS COMPLETE EDUCATION, WHICH INCLUDES LIBERAL ARTS STUDIES AND  
 PROFESSIONAL PREPARATION, DOES NOT SUGGEST A FINISHED EDUCATION.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 69,675,178. including grants of \$ 24,284,303. ) (Revenue \$ 115,079,760. )  
 INSTRUCTIONAL EXPENSES:

CLASSROOM AND ONLINE AND GLOBAL INSTRUCTION IN A COLLABORATIVE  
 CHRISTIAN LIBERAL ARTS LEARNING ENVIRONMENT FROM PRE-KINDERGARTEN  
 THROUGH THE DOCTORAL LEVEL.

**4b** (Code: ) (Expenses \$ 19,021,971. including grants of \$ ) (Revenue \$ )  
 STUDENT SERVICES:

ENGAGING STUDENT LIFE IN A DYNAMIC AND DIVERSE COMMUNITY THAT GIVES  
 STUDENTS THE OPPORTUNITY TO BE REAL WITH THEMSELVES AND EACH OTHER  
 WHILE PROVIDING OPPORTUNITIES FOR SPIRITUAL FAITH DEVELOPMENT THROUGH  
 SERVICE AND LEARNING.

**4c** (Code: ) (Expenses \$ 12,345,351. including grants of \$ ) (Revenue \$ 16,073,154. )  
 AUXILIARY ENTERPRISES:

PROVIDES STUDENTS WITH THE ENGAGING ON-CAMPUS LIPSCOMB EXPERIENCE.  
 STUDENTS WHO LIVE ON CAMPUS TYPICALLY EXPERIENCE A STRONG SENSE OF  
 POSITIVE COMMUNITY.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 12,752,188. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 113,794,688.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule OForm **990** (2012)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	422	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2793	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form **990** (2012)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒ X

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	32			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		31		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **TN**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DANNY H. TAYLOR, SVP FOR FINANCE & ADMINISTRATION - 615-966-7650**  
**ONE UNIVERSITY PARK DRIVE, NASHVILLE, TN 37204**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY LOWRY PRESIDENT	40.00	X		X				324,469.	0.	135,807.
(2) SALLIE DEAN BOARD MEMBER	1.00	X						0.	0.	0.
(3) JAMES C. ALLEN TREASURER	1.00	X						0.	0.	0.
(4) BILLY LONG BOARD MEMBER	1.00	X						0.	0.	0.
(5) J. ADDISON BARRY BOARD MEMBER	1.00	X						0.	0.	0.
(6) ROBERT A. BRACKETT BOARD MEMBER	1.00	X						0.	0.	0.
(7) BART HARPER BOARD MEMBER	1.00	X						0.	0.	0.
(8) LORI SUTTON BRIDGES BOARD MEMBER	1.00	X						0.	0.	0.
(9) D. GERALD COGGIN, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(10) JERRY COVER BOARD MEMBER	1.00	X						0.	0.	0.
(11) JOHN LITTLE BOARD MEMBER	1.00	X						0.	0.	0.
(12) ROBBIE B. DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(13) STANLEY M. EZELL BOARD MEMBER	1.00	X						0.	0.	0.
(14) PETE T. GUNN, III BOARD MEMBER	1.00	X						0.	0.	0.
(15) J. GREGORY HARDEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) LINDA HEFLIN JOHNSTON BOARD MEMBER	1.00	X						0.	0.	0.
(17) MARTY R. KITTRELL BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NEIKA B. STEPHENS BOARD MEMBER	1.00	X						0.	0.	0.
(19) J.W. PITTS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(20) DAVID W. SCOBAY, JR. CHAIR	1.00	X						0.	0.	0.
(21) HARRIETTE H. SHIVERS SECRETARY	1.00	X						0.	0.	0.
(22) CICELY SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(23) DAVID L. SOLOMON VICE CHAIR	1.00	X						0.	0.	0.
(24) TIM S. THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(25) WILLIAM THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(26) ROBERT E. WOOD BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								324,469.	0.	135,807.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								2,743,257.	0.	377,720.
<b>d Total (add lines 1b and 1c)</b> .....								3,067,726.	0.	513,527.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **82**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC. AND AFFILIATES ONE UNIVERSITY PARK DR, NASHVILLE, TN 37204	FOOD SERVICES	4,050,743.
D.F. CHASE INC. 3001 ARMORY DRIVE, NASHVILLE, TN 37204	CONSTRUCTION SERVICES	2,224,514.
BACON CONSTRUCTION CO., 1880 GENERAL GEORGE PATTON DR, SUITE 105, FRANKLIN, TN	CONSTRUCTION SERVICES	1,908,138.
KIMBRO MECHANICAL, LLC 1877 AIR LN DRIVE, NASHVILLE, TN 37210	CONSTRUCTION SERVICES	825,669.
INTERIOR DESIGN SERVICES, INC P.O. BOX 415000, NASHVILLE, TN 37241	INTERIOR DESIGN SERVICES	713,851.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **18**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK H. YOKLEY BOARD MEMBER	1.00	X						0.	0.	0.
(28) KENNETH SHUMARD BOARD MEMBER	1.00	X						0.	0.	0.
(29) GENERAL JOHN A. BRADLEY BOARD MEMBER	1.00	X						0.	0.	0.
(30) RICHARD G. COWART BOARD MEMBER	1.00	X						0.	0.	0.
(31) WILLIAM R. HUSTON BOARD MEMBER	1.00	X						0.	0.	0.
(32) SCOTT DOUGLAS SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(33) CRAIG BLEDSOE PROVOST	40.00			X				177,848.	0.	12,751.
(34) WALT LEAVER VP OF UNIVERSITY RELATIONS	40.00			X				106,165.	0.	12,420.
(35) DANNY TAYLOR SR VP FOR FINANCE & ADMIN	40.00			X				195,661.	0.	19,192.
(36) PHILIP HUTCHESON ATHLETIC DIRECTOR	40.00			X				150,402.	0.	20,244.
(37) PHILLIP ELLENBURG GENERAL COUNSEL	40.00			X				102,422.	0.	16,630.
(38) SCOTT MCDOWELL VICE PRESIDENT FOR STUDENT DEVELOPME	40.00			X				134,336.	0.	18,928.
(39) BENNIE HARRIS VICE PRESIDENT DEVELOPMENT	40.00			X				48,203.	0.	121,398.
(40) MIKE HAMMOND VICE PRESIDENT & HEADMASTER	40.00			X				125,148.	0.	9,469.
(41) DEBY SAMUELS VP COMMUNICATIONS & MARKET	40.00			X				126,002.	0.	11,175.
(42) SUSAN GALBREATH ASSOCIATE PROVOST ACADEMIC & STRATEG	40.00			X				110,166.	0.	16,268.
(43) JIM THOMAS PROFESSOR AND EXEC. ASST TO THE PRES	40.00			X				108,596.	0.	8,169.
(44) NANCY MAGNUSSON DURHAM SENIOR VICE PRESIDENT FOR STRATEGIC	40.00			X				172,070.	0.	11,925.
(45) CANDICE MCQUEEN DEAN OF THE EDUCATION	40.00					X		219,601.	0.	16,253.
(46) SCOTT H. SANDERSON HEAD BASKETBALL COACH	40.00					X		382,944.	0.	22,918.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	60,298.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	525,291.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	12,207,029.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,889,067.				
	<b>h Total.</b> Add lines 1a-1f .....		12,792,618.				
	<b>Program Service Revenue</b>	Business Code					
<b>2 a</b> TUITION .....		611710	110,775,492.	110,775,492.			
<b>b</b> AUXILIARY REVENUE .....		611710	16,073,154.	16,073,154.			
<b>c</b> MISCELLANEOUS INCOME .....		611710	4,183,004.	4,183,004.			
<b>d</b> INCREASE - LIFE INSURA .....		524298	121,264.	121,264.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			131,152,914.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		920,733.			920,733.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		1,060,738.					
		<b>b</b> Less: rental expenses .....	337,172.				
		<b>c</b> Rental income or (loss) .....	723,566.				
	<b>d</b> Net rental income or (loss) .....			723,566.		723,566.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		33,572,620.					
		<b>b</b> Less: cost or other basis and sales expenses .....	32,082,193.	3,067.			
		<b>c</b> Gain or (loss) .....	1,490,427.	-3,067.			
	<b>d</b> Net gain or (loss) .....			1,487,360.		1,487,360.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 60,298. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	129,152.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	134,871.			
		<b>c</b> Net income or (loss) from fundraising events .....		-5,719.		-5,719.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			147,071,472.	131,152,914.	0.	3,125,940.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	33,469.	33,469.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	24,250,834.	24,250,834.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,640,903.		1,640,903.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	52,377,628.	46,073,503.	4,388,121.	1,916,004.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,829,894.	1,558,156.	194,579.	77,159.
<b>9</b> Other employee benefits	4,425,204.	3,676,792.	394,337.	354,075.
<b>10</b> Payroll taxes	3,566,800.	3,075,778.	360,440.	130,582.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	100,659.	12,434.	88,225.	
<b>c</b> Accounting	95,083.		95,083.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	221,767.		221,767.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	841,656.	751,987.	80,860.	8,809.
<b>13</b> Office expenses	7,211,886.	4,731,596.	2,189,094.	291,196.
<b>14</b> Information technology	2,093,340.	1,514,377.	496,564.	82,399.
<b>15</b> Royalties				
<b>16</b> Occupancy	535,918.	513,327.	22,591.	
<b>17</b> Travel	6,692,200.	6,001,610.	557,544.	133,046.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	498,270.	388,721.	79,844.	29,705.
<b>20</b> Interest	3,730,291.		3,730,291.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	6,879,600.	5,768,679.	1,110,921.	
<b>23</b> Insurance	5,228,418.	4,300,206.	928,212.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONTRACT SERVICES	6,268,930.	5,135,723.	1,094,866.	38,341.
<b>b</b> UTILITIES	3,352,069.	3,351,323.	746.	
<b>c</b> GENERAL EXPENSES	2,352,340.	1,627,679.	724,661.	
<b>d</b> SPECIAL EVENTS	1,511,151.	953,047.	443,699.	114,405.
<b>e</b> All other expenses	558,119.	75,447.	617,543.	-134,871.
<b>25</b> Total functional expenses. Add lines 1 through 24e	136,296,429.	113,794,688.	19,460,891.	3,040,850.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,629,478.	<b>1</b>	3,495,404.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	4,147,015.	<b>4</b>	5,042,096.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,848,623.	<b>9</b>	1,725,745.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 229,031,813.		
	<b>b</b> Less: accumulated depreciation .....	10b 89,555,110.	10c	139,476,703.
	<b>11</b> Investments - publicly traded securities .....	10,063,713.	<b>11</b>	9,931,353.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	57,720,079.	<b>12</b>	61,926,765.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,746,445.	<b>15</b>	1,867,709.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	210,758,202.	<b>16</b>	223,465,775.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	30,031,125.	<b>17</b>	27,984,239.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,282,552.	<b>19</b>	1,230,812.
	<b>20</b> Tax-exempt bond liabilities .....	67,457,222.	<b>20</b>	65,320,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,788,171.	<b>23</b>	1,629,240.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	771,102.	<b>24</b>	2,745,409.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	11,253,538.	<b>25</b>	10,221,480.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	112,583,710.	<b>26</b>	109,131,180.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	11,972,009.	<b>27</b>	23,772,920.
	<b>28</b> Temporarily restricted net assets .....	48,210,510.	<b>28</b>	49,978,870.
	<b>29</b> Permanently restricted net assets .....	37,991,973.	<b>29</b>	40,582,805.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	98,174,492.	<b>33</b>	114,334,595.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	210,758,202.	<b>34</b>	223,465,775.	

Form **990** (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	147,071,472.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	136,296,429.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,775,043.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	98,174,492.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,385,064.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	114,334,595.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2012)

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

# 2012

**Open to Public Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, congregation of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the supported organization(s).

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

**Name of the organization**

LIPSCOMB UNIVERSITY

**Employer identification number**

62-0485733

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition  
**b** ☒ Scholarly research  
**c** ☒ Preservation for future generations

- d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	55,828,784.	60,089,971.	51,975,962.	51,874,685.	78,746,075.
<b>b</b> Contributions	2,478,607.	1,900,832.	2,401,561.	2,209,722.	2,406,005.
<b>c</b> Net investment earnings, gains, and losses	7,431,475.	-2,120,132.	10,224,945.	2,304,501.	-22,177,746.
<b>d</b> Grants or scholarships	1,689,323.	1,991,887.	1,977,336.	4,243,501.	6,922,131.
<b>e</b> Other expenditures for facilities and programs	1,775,000.	2,050,000.	2,535,161.		
<b>f</b> Administrative expenses				169,445.	177,518.
<b>g</b> End of year balance	62,274,543.	55,828,784.	60,089,971.	51,975,962.	51,874,685.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 17.46 %  
**b** Permanent endowment ☐ 64.68 %  
**c** Temporarily restricted endowment ☐ 17.86 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....  
(ii) related organizations .....

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings	13,114,009.	182,100,773.	76,605,857.	118,608,925.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		30,781,836.	12,949,253.	17,832,583.
<b>e</b> Other		3,035,195.		3,035,195.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				139,476,703.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) INVESTMENTS - SHORT TERM/MUTUAL FUNDS	33,208,896.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS - LIMITED PARTNERSHIP		
(C) INTERESTS	28,564,618.	END-OF-YEAR MARKET VALUE
(D) INVESTMENTS - COMMODITIES	153,251.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	61,926,765.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) OTHER LIABILITIES	7,381,480.	
(3) CURRENT PORTION OF TAX EXEMPT BONDS PAYABLE	2,840,000.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,221,480.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	128,429,179.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	5,385,064.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	472,043.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,857,107.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	122,572,072.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	221,767.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	24,277,633.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	24,499,400.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	147,071,472.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	112,269,076.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	472,047.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	472,047.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	111,797,029.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	221,767.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	24,277,633.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	24,499,400.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	136,296,429.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUNDS ARE USED TO PROVIDE FUNDS FOR

PROFESSORSHIPS, CHAIRS AND SCHOLARSHIPS FOR STUDENTS AND GENERAL SUPPORT

FOR OPERATIONS.

PART X, LINE 2: THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER THE PROVISIONS OF INTERNAL REVENUE CODE 501(C)(3) AND, ACCORDINGLY,

NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS.

AS OF MAY 31, 2013 AND 2012, THE UNIVERSITY HAS ACCRUED NO INTEREST AND NO

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE UNIVERSITY'S

POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX

MATTERS IN INCOME TAX EXPENSE.

THE UNIVERSITY FILES U.S. FEDERAL INFORMATION TAX RETURNS AND IS CURRENTLY

OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE

SERVICE FOR THE YEARS ENDED AFTER MAY 31, 2009.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 337,172.

EXPENSE INCLUDE IN EXPENSE ON F/S AND RECLASSSED TO INCOME

FOR TAX RETURN 134,871.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 472,043.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID NETTED WITH REVENUE ON THE F/S 24,250,834.

MISCELLANEOUS ADJUSTMENT BETWEEN REVENUE AND EXPENSES 26,799.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 24,277,633.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 337,172.

EXPENSE INCLUDE IN EXPENSE ON F/S AND RECLASSSED TO INCOME

FOR TAX RETURN 134,871.

ROUNDING 4.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 472,047.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID NETTED WITH REVENUE ON THE F/S 24,250,834.

MISCELLANEOUS ADJUSTMENT BETWEEN REVENUE AND EXPENSES 26,799.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**TOTAL TO SCHEDULE D, PART XII, LINE 4B**

24,277,633.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.**

► **Attach to Form 990 or Form 990-EZ.**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

**Part I**

**1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....

	YES	NO
<b>1</b>	X	

**2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....

<b>2</b>	X	
----------	---	--

**3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.

--	--	--

If you need more space, use Part II .....

<b>3</b>	X	
----------	---	--

LIPSCOMB UNIVERSITY PUBLISHES ITS "NOTICE OF

NONDISCRIMINATORY POLICY" IN BROCHURES, STUDENT HANDBOOKS,

CATALOGS, ON THEIR WEBSITE AS WELL AS THEIR JOB POSTING ADS.

**4** Does the organization maintain the following?

**a** Records indicating the racial composition of the student body, faculty, and administrative staff? .....

<b>4a</b>	X	
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**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....

<b>4b</b>	X	
-----------	---	--

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....

<b>4c</b>	X	
-----------	---	--

**d** Copies of all material used by the organization or on its behalf to solicit contributions? .....

<b>4d</b>	X	
-----------	---	--

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

**5** Does the organization discriminate by race in any way with respect to:

**a** Students' rights or privileges? .....

<b>5a</b>		X
-----------	--	---

**b** Admissions policies? .....

<b>5b</b>		X
-----------	--	---

**c** Employment of faculty or administrative staff? .....

<b>5c</b>		X
-----------	--	---

**d** Scholarships or other financial assistance? .....

<b>5d</b>		X
-----------	--	---

**e** Educational policies? .....

<b>5e</b>		X
-----------	--	---

**f** Use of facilities? .....

<b>5f</b>		X
-----------	--	---

**g** Athletic programs? .....

<b>5g</b>		X
-----------	--	---

**h** Other extracurricular activities? .....

<b>5h</b>		X
-----------	--	---

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

**6a** Does the organization receive any financial aid or assistance from a governmental agency? .....

<b>6a</b>	X	
-----------	---	--

**b** Has the organization's right to such aid ever been revoked or suspended? .....

<b>6b</b>		X
-----------	--	---

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

**7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

<b>7</b>	X	
----------	---	--

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.**

**Schedule E (Form 990 or 990-EZ) (2012)**



Part II

**Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

GOVERNMENT GRANTS TOTALED \$525,291 FOR PERIOD ENDING MAY 31, 2013.

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

# 2012

## Open To Public Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CS ART EVENT (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	189,450.		0	189,450.
	<b>2</b> Less: Contributions .....	60,298.			60,298.
	<b>3</b> Gross income (line 1 minus line 2) .....	129,152.			129,152.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	134,871.			134,871.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 134,871 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-5,719.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....			
	<b>3</b> Noncash prizes .....			
	<b>4</b> Rent/facility costs .....			
	<b>5</b> Other direct expenses .....			
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**  
**► Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

**Employer identification number**

62-0485733

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **►** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **►** \_\_\_\_\_

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2012)**

**Part III****Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	2629	24,240,834.	0.	FMV	NONE

**Part IV****Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: LIPSCOMB UNIVERSITY HAS AN ANNUAL AUDIT OF ITS

FINANCIAL STATEMENTS AND AN ANNUAL AUDIT OF ITS FINANCIAL AID AWARDING

PROCESS (CALLED THE OMB CIRCULAR A-133 AUDIT). IN ADDITION, FINANCIAL AID

COUNSELORS ATTEND CONFERENCES AND TRAINING SESSIONS ON FINANCIAL AID

AWARDING POLICIES, PROCEDURES, AND CONTROLS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☒ First-class or charter travel

☒ Housing allowance or residence for personal use

☒ Travel for companions

☒ Payments for business use of personal residence

☒ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**1b** X

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**2** X

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**4a** X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**5a** X

**b** Any related organization?

**5b** X

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**6a** X

**b** Any related organization?

**6b** X

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**7** X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RANDY LOWRY PRESIDENT	(i)	301,999.	0.	22,470.	17,150.	118,657.	460,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CRAIG BLEDSOE PROVOST	(i)	157,344.	0.	20,504.	12,182.	569.	190,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANNY TAYLOR SR VP FOR FINANCE & ADMIN	(i)	174,025.	0.	21,636.	13,489.	5,703.	214,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP HUTCHESON ATHLETIC DIRECTOR	(i)	129,563.	2,500.	18,339.	10,478.	9,766.	170,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SCOTT MCDOWELL VICE PRESIDENT FOR STUDENT DEVELOPMENT	(i)	120,766.	0.	13,570.	9,766.	9,162.	153,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BENNIE HARRIS VICE PRESIDENT DEVELOPMENT	(i)	35,304.	0.	12,899.	10,117.	111,281.	169,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANCY MAGNUSSEN DURHAM SENIOR VICE PRESIDENT FOR STRATEGIC	(i)	145,948.	0.	26,122.	11,356.	569.	183,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CANDICE MCQUEEN DEAN OF THE EDUCATION	(i)	211,201.	0.	8,400.	8,400.	7,853.	235,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SCOTT H. SANDERSON HEAD BASKETBALL COACH	(i)	250,838.	107,582.	24,524.	15,092.	7,826.	405,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROGER L. DAVIS DEAN OF COLLEGE OF PHARMACY	(i)	202,940.	0.	24,934.	15,461.	3,263.	246,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS M. CAMPBELL ASSOCIATE DEAN OF PHARMACY	(i)	170,785.	0.	18,887.	13,727.	6,608.	210,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHARLES TURNEY STEVENS DEAN OF COLLEGE OF BUSINESS	(i)	150,208.	0.	15,939.	11,924.	8,997.	187,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**Supplemental Information on Tax-Exempt Bonds**

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
- **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

**2012**  
**Open to Public**  
**Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

**Employer identification number**  
62-0485733

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> SUNTRUST BANK	58-0466330	NONE	09/05/12	71,000,000.	REFUND SERIES 2009 AND 2011 BONDS		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired .....								
<b>2</b> Amount of bonds legally defeased .....								
<b>3</b> Total proceeds of issue .....	71,000,000.							
<b>4</b> Gross proceeds in reserve funds .....								
<b>5</b> Capitalized interest from proceeds .....								
<b>6</b> Proceeds in refunding escrows .....								
<b>7</b> Issuance costs from proceeds .....	51,216.							
<b>8</b> Credit enhancement from proceeds .....								
<b>9</b> Working capital expenditures from proceeds .....								
<b>10</b> Capital expenditures from proceeds .....								
<b>11</b> Other spent proceeds .....								
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....								
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? .....	X							
<b>15</b> Were the bonds issued as part of an advance refunding issue? .....		X						
<b>16</b> Has the final allocation of proceeds been made? .....	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X							

**Part III Private Business Use**

<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....	X							
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
<b>b</b> Name of provider .....	SUNTRUST ROBINSON H							
<b>c</b> Term of hedge .....	15.0000000							
<b>d</b> Was the hedge superintegrated? .....		X						
<b>e</b> Was the hedge terminated? .....		X						



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RHONDA LOWRY	PRESIDENT'S SPOUSE	30,000.	UNIVERSITY		X
JOHN LOWRY	PRESIDENT'S SON	143,501.	UNIVERSITY		X
MELISSA LOWRY	PRESIDENT'S DAUGHTER	42,664.	UNIVERSITY		X
DAVID SOLOMON	BOARD MEMBER	15,500.	RENTAL REAL		X
HARRIETTE SHIVERS	BOARD MEMBER	37,805.	RENTAL REAL		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RHONDA LOWRY

(D) DESCRIPTION OF TRANSACTION: UNIVERSITY EMPLOYEE

(A) NAME OF PERSON: JOHN LOWRY

(D) DESCRIPTION OF TRANSACTION: UNIVERSITY EMPLOYEE

(A) NAME OF PERSON: MELISSA LOWRY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT'S DAUGHTER-IN-LAW

(D) DESCRIPTION OF TRANSACTION: UNIVERSITY EMPLOYEE

(A) NAME OF PERSON: DAVID SOLOMON

(D) DESCRIPTION OF TRANSACTION: RENTAL REAL PROPERTY

RENTAL REAL PROPERTY

(A) NAME OF PERSON: HARRIETTE SHIVERS

(D) DESCRIPTION OF TRANSACTION: RENTAL REAL PROPERTY

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

► **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.**

Name of the organization **LIPSCOMB UNIVERSITY** Employer identification number **62-0485733**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		5,737.	DONOR STATEMENT OF VALUE
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	16	1,784,503.	FMV AT DATE OF SALE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( ESPN SUITE-CA ) .....	X	1	57,410.	SIMILAR PURCHASE
26 Other ► ( LOCKER ROOM F ) .....	X	1	13,000.	SIMILAR PURCHASE
27 Other ► ( STERLING SILV ) .....	X	1	10,625.	APPRAISAL
28 Other ► ( STEEL FENCE S ) .....	X	1	10,505.	SIMILAR PURCHASE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

CHAIN LINK FENCING & GATES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7287.

(D) METHOD OF DETERMINING REVENUE: SIMILAR PURCHASE



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

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Name of the organization

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Employer identification number

62-0485733

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PRACTICE WITH ACADEMIC EXCELLENCE. THIS COMPLETE EDUCATION, WHICH

INCLUDES LIBERAL ARTS STUDIES AND PROFESSIONAL PREPARATION, DOES NOT

SUGGEST A FINISHED EDUCATION. RATHER, IT REFLECTS LIPSCOMB'S COMMITMENT

TO THE COMPREHENSIVE DEVELOPMENT OF EACH STUDENT - SPIRITUALLY,

INTELLECTUALLY, SOCIALLY, AND PHYSICALLY - AS LIPSCOMB PREPARES ITS

GRADUATES FOR A LIFE OF LEARNING, LEADING, AND SERVING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RATHER, IT REFLECTS LIPSCOMB'S COMMITMENT TO THE COMPREHENSIVE

DEVELOPMENT OF EACH STUDENT - SPIRITUALLY, INTELLECTUALLY, SOCIALLY,

AND PHYSICALLY - AS LIPSCOMB PREPARES ITS GRADUATES FOR A LIFE OF

LEARNING, LEADING, AND SERVING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SUPPORT:

INCLUDES ACADEMIC COUNSELING & TESTING SERVICES, ACADEMIC PROGRAM

DEVELOPMENT, UNIVERSITY DEANS, INSTRUCTIONAL TECHNOLOGY, LIBRARY

SERVICES, AND OTHER AREAS DESIGNED TO ENHANCE A STUDENT'S LEARNING

EXPERIENCE AND THE OVERALL QUALITY OF A STUDENT'S EDUCATION.

EXPENSES \$ 10,297,649. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC SERVICES:

INCLUDES COMMUNITY OUTREACH ACTIVITIES, SPIRITUAL FORMATION ACTIVITIES,

AND SUSTAINABILITY WHERE LIPSCOMB CAN POSITIVELY IMPACT COMMUNITIES AND

THE ENVIRONMENT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

EXPENSES \$ 2,454,539. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH:

INCLUDES POTENTIAL DISCOVERIES OF NEW OUTCOMES WITH A GOAL OF ADVANCING

PROGRESS BOTH INSTITUTIONALLY AND GLOBALLY.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: BOARD DELEGATES THIS RESPONSIBILITY

TO THE AUDIT COMMITTEE OF THE BOARD. ONCE THE AUDIT COMMITTEE HAS APPROVED

FORM 990, IT IS POSTED ON THE LIPSCOMB TRUSTEE WEBSITE PRIOR TO BEING

FILED.

FORM 990, PART VI, SECTION B, LINE 12C: RELATED PARTY CONFIRMATIONS ARE

REVIEWED AND FOLLOWED UP BY THE SENIOR VICE PRESIDENT FOR FINANCE AND

ADMINISTRATION, AS WELL AS THE UNIVERSITY'S INDEPENDENT ACCOUNTING FIRM,

LBMC, ON AN ANNUAL BASIS. ALSO, THE AUDIT COMMITTEE OF THE BOARD REVIEWS

RELATED PARTY RELATIONSHIPS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD SETS THE PRESIDENT'S

SALARY ANNUALLY BASED ON HIS CONTRACT. HIS INITIAL COMPENSATION WAS

ESTABLISHED BASED ON A REVIEW OF MARKET DATA AND THE NEGOTIATION PROCESS.

THIS SAME PROCESS OCCURS WITH OTHER OFFICERS AND KEY EMPLOYEES. SALARY POOL

INCREASES ARE ALSO A COMPONENT OF ANNUAL COMPENSATION BASED ON APPROVED

BUDGET FUNDING.

FORM 990, PART VI, SECTION C, LINE 18: THE UNIVERSITY MAKES ITS FORM 990

AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY MAKES ITS GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE  
TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
ROUNDING -4.